

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

04/19/2001

First Named Inventor

CHURCH

Group Art Unit

Examiner Name

Attorney Docket Number

CMS

I hereby appoint:

☐ Practitioners at Customer Number →
OR

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

Name	Registration Number
James C. Wray	22,693
Meera P. Narasimhan	40,252

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Firm or
Individual Name

James C. Wray

Address

1493 Chain Bridge Road

Address

Suite 300

City

McLean

State

VA

Zip

22101

Country

US

Telephone

(703) 442-4800

Fax

(703) 448-7397

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Kenneth H. Church

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

CMS

First Named Inventor

CHURCH

COMPLETE IF KNOWN

Application Number

/

Filing Date

04/19/2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Laser Sintering of Materials and a Thermal Barrier for Protecting a Substrate

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/198,377	04/19/2000	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐Customer Number
or Bar Code LabelOR ☒

Correspondence address below

Name

James C. Wray

Address

1493 Chain Bridge Road

Address

Suite 300

City

McLean

State

VA

ZIP

22101

Country

US

Telephone

(703) 442-4800

Fax

(703) 448-7397

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐

A petition has been filed for this unsigned inventor

Given Name

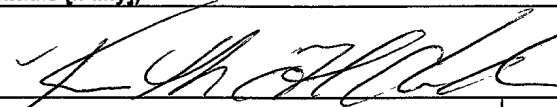
Kenneth H.

Family Name

Church

(first and middle [if any])

or Surname

Inventor's
Signature

Date

18 APR 01

Residence: City

Stillwater

State

OK

Country

US

Citizenship

US

Mailing Address

5202-2 N. Richmond Hill Road

Mailing Address

City

Stillwater

State

OK

ZIP

74075

Country

US

NAME OF SECOND INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name

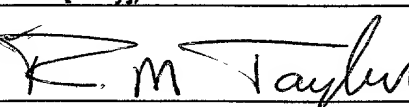
Robert M.

Family Name

Taylor

(first and middle [if any])

or Surname

Inventor's
Signature

Date

4/18/01

Residence: City

Perkins

State

OK

Country

US

Citizenship

US

Mailing Address

5202-2 N. Richmond Hill Road

Mailing Address

City

Stillwater

State

OK

ZIP

74075

Country

US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <i>Lowell R.</i>		Family Name or Surname Matthews			
Inventor's Signature <i>[Signature]</i>			Date 4/18/01		
Residence: City	Stillwater	State	OK	Country	US
Mailing Address 5202-2 N. Richmond Hill Road					
Mailing Address					
City	Stillwater	State	OK	ZIP	74075
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Robert L.		Family Name or Surname Parkhill			
Inventor's Signature <i>[Signature]</i>			Date 4/18/01		
Residence: City	Stillwater	State	OK	Country	US
Mailing Address 5202-2 N. Richmond Hill Road					
Mailing Address					
City	Stillwater	State	OK	ZIP	74075
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
Inventor's Signature			Date		
Residence: City		State		Country	
Mailing Address					
Mailing Address					
City		State		ZIP	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
Inventor's Signature			Date		
Residence: City		State		Country	
Mailing Address					
Mailing Address					
City		State		ZIP	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231